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addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on June 3, 1998

Name: Melissa Hardy

Signature: Melissa Hardy Date: June 3, 1998

PATENT

Attorney Docket No. 97-2

Applicant(s) : Isy Goldwasser, et al.
Title : THE COMBINATORIAL SYNTHESIS OF NOVEL MATERIALS
Serial No. : 08/847,967
Filing Date : April 22, 1997
Group Art Unit : 1113
Examiner : Not Assigned

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Assistant Commissioner for Patents
Washington, D.C. 20231

TRANSMITTAL LETTER

Sir:

Transmitted herewith (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Preliminary Amendment | <input type="checkbox"/> Information Disclosure Statement |
| <input type="checkbox"/> Response/Amendment | <input type="checkbox"/> Petition Under 37 CFR 1.97(d)(2) |
| <input type="checkbox"/> Response/Amendment After Final | <input type="checkbox"/> Formal Drawings |
| <input type="checkbox"/> Supplemental Amendment | <input type="checkbox"/> Declaration Under 37 CFR 1.131 |
| <input type="checkbox"/> Affidavits/Declarations | <input type="checkbox"/> Declaration Under 37 CFR 1.132 |
| <input type="checkbox"/> Declaration and Power of Attorney | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> Supplemental Declaration | <input type="checkbox"/> Small Entity Statement |
| <input checked="" type="checkbox"/> Power of Attorney | <input type="checkbox"/> Request for Refund |
| <input checked="" type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Appeal |
| <input checked="" type="checkbox"/> Associate Power of Attorney | <input type="checkbox"/> Petition |
| <input type="checkbox"/> Response to Missing Parts | <input type="checkbox"/> Status Letter |

to be filed in the above-identified patent application.

Fee For Additional Claims:

- ☐ A fee for additional claims is not required.
- ☐ A fee for additional claims is required.

The additional fee has been calculated as follows:

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20** =	X \$11	= \$
Independent Claims	-3** =	X \$41	= \$
First Presentation of a Multiple Dependent Claim		\$135	= \$
TOTAL (\$)			

**or number previously paid, if greater; For Reissues, see below

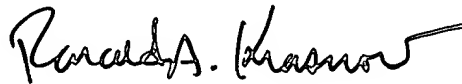
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	22	203	11	Claims in excess of 20
102	82	202	41	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	82	209	41	**Reissue independent claims over original patent
110	22	210	11	**Reissue claims in excess of 20 and over original patent

[] A check in the amount of \$_____ in payment of the fee is transmitted herewith.

[X] The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 50-0490. A duplicate copy of this Transmittal Letter is transmitted herewith.

[] Please charge \$_____ to Deposit Account No. 50-0490 in payment of the fee. A duplicate copy of this Transmittal Letter is transmitted herewith.

Respectfully submitted,



Ronald A. Krasnow
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Date: 6-3-98

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